

1020

MARGIN RESERVED FOR BINDING

State File No. 117, Gila Co.

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 117

Place of Birth Globe  
(Registration District)County Gila

No.

St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			

DATE OF BIRTH\* march - 13 - 1913  
(Month) (Day) (Year)FULL\* FATHER  
NAME Thomas G. GibsonFULL\* MOTHER  
NAME Almeda GranthamI HEREBY CERTIFY that the child described herein  
has been namedPauline Elizabeth Gibson  
(Give name in full) (Surname)Almeda Gibson  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

SM 7/11/40

775-313-175